



**NOTICE OF RELOCATION UNDER NDPDES
GENERAL PERMIT FOR STORMWATER DISCHARGES
ASSOCIATED WITH INDUSTRIAL ACTIVITY**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 53471 (12/02)

Permit Number NDR02-

Name of Facility		Plant No. or ID	
Individual Responsible for Discharge		Phone Number	
Mailing Address	City	State	Zip Code

Project Start Date		Estimated Area of Total Disturbance in Acres				
Project End Date						
New Facility Location	Street Location		City Location			
	OR	<div>1/41/4</div>	Section	Township	Range	County
	OR	Latitude <div>o' "</div>		Longitude <div>o' "</div>		County
Receiving Waters	OR	Natural Drainage	Receiving Waters			
	OR	Municipal Storm Sewer System	Name of City			

Please include a site map for the new location. The map should feature the following:

1. Site boundaries
2. Natural drainage ways that receive discharges
3. Location of process area (plant site)
4. Section, township, range or lines of latitude and longitude
5. Location of stormwater controls
6. Area for storage and disposal of materials
7. Direction of storm water flow

CERTIFICATION:

I certify I am familiar with NDCC 61-28-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.

RETURN COMPLETED FORM TO: North Dakota Department of Health Division of Water Quality P.O. Box 5520 Bismarck, ND 58506-5520 Telephone: 701.328.5210
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Printed Name of Person Responsible	Title
Signature of Person Responsible	Date